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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

| | |
|--|---------------------------|
| Attorney Docket No. | 3516.2US |
| First Named Inventor | Robert Hans Meloen Et Al. |
| Original Patent Number | 5,885,966 |
| Original Patent Issue Date (Month/Day/Year) | March 23, 1999 |
| Express Mail Label No. | EL500247878US |

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ * Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
- ☐ Preliminary Amendment
- ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Other:

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

14. CORRESPONDENCE ADDRESS

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Registration No (Attorney/Agent)

33,041

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

3516.2US

Claims as Filed - Part 1

| Claims in Patent | For | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|----------------------------|-------------------------------------|-------------------------------------|---------------------|--------------|-----|---------------------------|-----------------|
| | | | | Rate | Fee | Rate | Fee |
| (B) 15 | Total Claims (37 CFR 1.16(j)) | (B) 15 | **** 0 = | x \$ | = | or | x \$ = - 0 - |
| (C) 1 | Independent Claims (37 CFR 1.16(i)) | (D) 1 | * 0 = | x \$ | = | | x \$ = - 0 - |
| Basic Fee (37 CFR 1.16(h)) | | | | \$ | | | \$ 710.00 |
| Total Filing Fee | | | | \$ | | OR | \$ 710.00 |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|-------------------------------------|---|-------|---|-----------------------------|--------------|-----|---------------------------|--------|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * | x \$ | = | or | x \$ = |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | x \$ | = | | x \$ = |
| Total Additional Fee | | | | \$ | | OR | \$ | |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. 20-1469 in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.

June 6,
2001

Date


 Signature of Applicant, Attorney or Agent of Record

Allen C. Turner

Typed or printed name